

# Next Generation of Ohio Medicaid

## Ohio Medicaid Members Factsheet

### FAQs

	Question	Answer
<b><i>I am an Ohio Medicaid member...</i></b>		
1	Why is the Next Generation of Ohio Medicaid program being implemented in stages, and what is the timeline for implementation?	<p>ODM is implementing the Next Generation of Ohio Medicaid program in stages to avoid unnecessary disruption and confusion for members and to reduce burdens on our service providers. The staggered approach remains true to our Next Generation vision – to ensure that we keep our focus on the individual, honor members' choice, and provide continuity in the provision of members' care.</p> <p>The Next Generation of Ohio Medicaid program will be implemented in three stages:</p> <ul style="list-style-type: none"> <li>• Stage 1: On July 1, 2022, <b>OhioRISE</b> began providing specialized services, which help children and youth with behavioral health needs and help coordinate care for those who receive care across multiple systems.</li> <li>• Stage 2: On October 1, 2022, <b>Centralized Provider Credentialing</b> will begin which will reduce administrative burden on providers. Also, the <b>Single Pharmacy Benefit Manager (SPBM)</b> will begin providing pharmacy services across all managed care plans and members.</li> </ul> <p>Stage 3: On December 1, 2022, the implementation of the <b>Next Generation managed care plans</b> will occur. Members will experience benefits that help address their individual health care needs such as increased access to care coordination and care management supports. Also in stage three, ODM will implement additional improvements to streamline the process of claims and prior authorization submission for providers.</p>
2	What does this mean for my current Medicaid healthcare coverage?	You and other Ohio Medicaid members will <u>not</u> lose healthcare coverage or benefits due to the Next Generation program implementation. You will continue receiving the same services you do today from the same providers (for example, doctors, pharmacists).

3	Will I receive a new managed care member ID card?	<p>Yes, you will receive a new Medicaid / managed care plan ID card.</p> <ul style="list-style-type: none"> <li>Starting July 1, 2022, if you or a child in your family is in the OhioRISE program, a new ID card indicating OhioRISE enrollment, and more information will be sent to you.</li> <li>Prior to October 1, 2022, every managed care enrollee (including OhioRISE members) will be mailed a new ID card with updated pharmacy information. If you or a child in your family is in the OhioRISE program, this ID card will also indicate OhioRISE enrollment, making this your only card.</li> <li>If you have selected a new managed care plan during open enrollment or are in fee-for-service enrolling in managed care for the first time, you will be sent a new Next Generation ID card. If you or a child in your family is in the OhioRISE program, this ID card will also indicate OhioRISE enrollment, making this your only card.</li> </ul> <p>If you have questions about what member ID card you should be using, please contact the Ohio Medicaid Consumer Hotline at 1-800-324-8680.</p>
4	When is the official open enrollment period?	<p>Open enrollment has already started for Ohio Medicaid managed care and will end on November 30, 2022. This does not include MyCare.</p> <ul style="list-style-type: none"> <li>You are encouraged to select a Next Generation managed care plan now that best meets your needs.</li> <li>If you do not make a Next Generation managed care plan selection, you will continue to get healthcare coverage and will remain with your current plan.*</li> <li>If you recently became eligible for Medicaid, you will receive healthcare through Medicaid Fee-for-Service (FFS), which simply means ODM pays healthcare providers directly for each service they provide to you. This is different from Medicaid managed care where ODM works with a managed care plan who will pay providers for each service they provide to you.</li> <li>If you have questions about your healthcare coverage, call the Ohio Medicaid Consumer Hotline at 1-800-324-8680, TTY:711.</li> </ul> <p>*If you need to change your plan <u>now</u>, call the Ohio Medicaid Consumer Hotline at 1-800-324-8680, TTY:711 to discuss the just cause process.</p>

5	How do I know which plan I currently get healthcare coverage from and how do I select a Next Generation managed care plan?	<p>You can select a Next Generation managed care plan from now to November 30, 2022. You will begin getting healthcare coverage from the plan you select before the year ends.</p> <ul style="list-style-type: none"> <li>You can reach out to the Ohio Medicaid Consumer Hotline at 1-800-324-8680, TTY:711 for help with picking a plan or visit the Ohio Medicaid Consumer Hotline webpage at <a href="http://ohiomh.com">ohiomh.com</a> for more information.</li> <li>Representatives are available on the Ohio Medicaid Consumer Hotline from 7 a.m. to 8 p.m. Monday through Friday and 8 a.m. to 5 p.m. on Saturday. They can provide interpreters, alternative formats, and answer questions.</li> <li>You can also visit the Ohio Medicaid Consumer Hotline Portal at <a href="http://members.ohiomh.com">members.ohiomh.com</a> and login to see your current plan and make a Next Generation managed care plan selection.</li> </ul>
<b><i>I am an Ohio Medicaid managed care member currently enrolled with a managed care plan...</i></b>		
7	I would like to stay with my current managed care plan, what do I need to do?	You do not need to do anything, and you will remain with your current managed care plan. If you would like to confirm your Next Generation plan, you can call the Ohio Medicaid Consumer Hotline at 1-800-324-8680, TTY:711
8	I would like to select a different Next Generation managed care plan, what do I need to do?	Call the Ohio Medicaid Consumer Hotline at 1-800-324-8680, TTY:711 to select a Next Generation plan. You will remain with your current managed care plan until the Next Generation managed care plans begin providing healthcare coverage before the year ends.

<b><i>I am an Ohio Medicaid managed care member currently enrolled with Paramount Advantage...</i></b>		
9	I heard Paramount Advantage is not continuing to provide healthcare coverage in the Next Generation program, what does that mean for me?	Paramount Advantage Medicaid has been acquired by Anthem Blue Cross and Blue Shield (Anthem). Anthem is working with Paramount Advantage to continue providing your healthcare coverage. You do not need to take any action to begin receiving healthcare benefits through Anthem and there will be no disruption in your care. Anthem will continue to provide healthcare coverage in the Next Generation program. If you would like to select a different Next Generation plan, you can call the Ohio Medicaid Consumer Hotline at 1-800-324-8680, TTY:711.
10	I would like to select Anthem as my Next Generation managed care plan, what do I need to do?	You do not need to do anything and there will be no disruption in your care. You will continue receiving healthcare coverage through Paramount Advantage until the Next Generation managed care plans begin providing healthcare coverage. At that time Anthem will be your Next Generation managed care plan.
11	I would like to select a different Next Generation managed care plan, what do I need to do?	Call the Ohio Medicaid Consumer Hotline at 1-800-324-8680, TTY:711 to select a Next Generation plan. You will remain with Paramount Advantage / Anthem until the Next Generation program managed care plans begin providing healthcare coverage before the year ends.
<b><i>I became eligible for Medicaid on or after March 1, 2022, and am currently enrolled in Ohio Medicaid Fee-for-Service (FFS)...</i></b>		
12	What does Fee-for-Service (FFS) mean?	Medicaid Fee-for-Service (FFS) simply means ODM pays healthcare providers directly for each service they provide to you. This is different from Medicaid managed care where ODM works with a managed care plan who will pay providers for each service they provide to you.  If you have questions about FFS, call the Ohio Medicaid Consumer Hotline at 1-800-324-8680, TTY:711.
13	How do I select a Next Generation managed care plan and when will I begin to get coverage from a managed care plan?	If you need healthcare coverage from a plan <u>now</u> , call the Ohio Medicaid Consumer Hotline at 1-800-324-8680, TTY:711 to discuss the just cause process.  If you would like to select which Next Generation managed care plan will begin providing your healthcare coverage starting before the year ends, contact the Ohio Medicaid Consumer Hotline at the phone number above. You will remain in FFS until the Next Generation program managed care plans begin providing healthcare coverage before the year ends.

<b><i>I am an Ohio Medicaid child/youth or care giver/guardian of a child/youth with complex behavioral health and multi-system needs...</i></b>		
14	When and how can I or my child join the OhioRISE program?	<p>The OhioRISE specialized managed care plan (Aetna Better Health of Ohio) began providing services to eligible Ohio Medicaid children / youth on July 1, 2022.</p> <p>If you or your child have not received information about automatic enrollment but feel that you or they are eligible for the program, you can schedule an assessment to see if your child meets eligibility criteria to enroll in OhioRISE. The assessment, called the Child and Adolescent Needs and Strengths (CANS) assessment, can be conducted by any certified CANS assessor in Ohio. To ask for a CANS assessment, contact:</p> <ul style="list-style-type: none"> <li>• Your child's managed care organization,</li> <li>• Aetna Better Health of Ohio,</li> <li>• A local care management entity,</li> <li>• The Medicaid Consumer Hotline, or</li> <li>• Your local behavioral health providers or Family and Children First Council, which may have a CANS assessor onsite or be able to link to one.</li> </ul> <p>OhioRISE enrollees receive their behavioral health benefits through Aetna Better Health of Ohio and their physical health services through their current managed care organization (or Medicaid Fee-for-Service) until the Next Generation program begins.</p> <p>More details can be found on the <a href="#">OhioRISE Webpage</a>.</p>
<b><i>I am an Ohio Medicaid member who is incarcerated and soon to be released...</i></b>		
15	What does this mean for my Medicaid healthcare coverage when I am released?	<p>The Ohio Department of Rehabilitation and Correction (DRC) Medicaid managed care enrollment process will remain the same, and you will be able to select from the Next Generation managed care plans that are available upon your release. Following release, if you would like to select a different Next Generation plan, you can call the Ohio Medicaid Consumer Hotline at 1-800-324-8680, TTY:711.</p>

<b><i>I am a care giver / guardian of an Ohio Medicaid child or youth in custody of children's services...</i></b>		
16	I am <b>a care giver / guardian of a child or youth in custody currently enrolled</b> with a managed care plan, what do I need to do?	The child or youth will remain with their current managed care plan, unless the Title IV-E Agency (Public Children Services Agency or Title IV-E Court) holding the youth's custody chooses to select a different plan. When the new Next Generation managed care plans are implemented before the year ends, you can coordinate with your local Title IV-E Agency to review the plans available. The new Next Generation plans can be selected 1-2 months prior to their start date to begin coordination of services.
17	I am a <b>care giver / guardian of child or youth in custody who is newly eligible</b> for Medicaid, what do I need to do?	The child or youth will be enrolled into managed care effective the first day of the month that agency custody begins. Your local Title IV-E Agency (Public Children Services Agency or IV-E Court) that holds custody of the youth may work with you to review the current managed care plans available and will select from these plans when making an enrollment decision. When the new Next Generation managed care plans are implemented before the year ends, you can coordinate with the Title IV-E Agency that holds custody to review the plans available. The new Next Generation plans can be selected 1-2 months prior to their start date to begin coordination of services.
<b><i>I am an Ohio Medicaid member on a DODD waiver...</i></b>		
18	I wish to remain in Medicaid Fee-for-Service (FFS), what do I need to do?	You do not need to do anything, and you will remain in FFS unless you voluntarily choose to enter managed care.
19	I enrolled with a managed care plan, what do I need to do?	You will remain with your current managed care plan unless you choose a different Next Generation managed care plan. If you choose a different managed care plan, you will remain with your current plan until the Next Generation program managed care plans begin providing healthcare coverage before the year ends.  If you need to change your plan <u>now</u> , call the Ohio Medicaid Consumer Hotline at 1-800-324-8680, TTY:711 to discuss the just cause process.
20	I am a member on a DODD Waiver and enrolled with Paramount Advantage, what does this change mean for me?	You do not need to do anything and there will be no disruption in your care. You will continue receiving healthcare coverage through Paramount Advantage until the Next Generation managed care plans begin providing healthcare coverage. At that time Anthem will be your Next Generation managed care plan.  If you need to change your plan now or if you would like to select a different Next Generation plan, you can reach out to the Ohio Medicaid Consumer Hotline at 1-800-324-8680, TTY:711 to discuss the just cause process.